

# MARYLAND HEALTH CARE PROFESSIONAL VOLUNTEER CORPS

Department of Health and Mental Hygiene

February 2006

Robert L. Ehrlich, Jr. Governor

Michael S. Steele Lt. Governor

S. Anthony McCann Secretary

Michelle Gourdine, MD, Deputy Secretary for Public Health Services

#### **Mission Statement**

Maryland Health Care Professional Volunteers Corps. consists of health care professionals working together to provide emergency care for the citizens of Maryland by responding to catastrophic events throughout the state of Maryland.





DHMH, Office Emergency Preparedness and Response

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# DHMH RALLIES TO PROVIDE HURRICANE KATRINA ASSISTANCE A message from Secretary McCann

ollaboration and vigilance. Two factors essential to emergency preparedness, two key words to describe the work of the DHMH Katrina response team. As the world watched the widespread devastation from Hurricane Katrina, DHMH mobilized resources and prepared to respond. The DHMH executive committee, the Office of Public Health Preparedness and Response (OPHPR), and the Office of Emergency Preparedness and Response (OEP&R), quickly recognized that this incident would be different from any other. From more than a thousand miles away, the response was quick, efficient, and effective.

The response began with the launch of the Incident Management System (IMS) spearheaded by the OPHPR and OEP&R. The IMS is a federal mandate requiring all agencies receiving federal funds to train and implement the system. Currently, DHMH is requesting employees to participate in the training. Room 301 was transformed into the response branch operations center where each component of the IMS was represented. The operations center could not have functioned productively without the help of IT, finance, communications, and the continual oversight of Community Health Administration employees.

The DHMH desk at the Maryland Emergency Management Agency (MEMA), OEP&R, and OPHPR coordinated the **Emergency Management Assistance Compact** (EMAC) relief efforts in the Gulf Coast. The OEP&R manages a 5,500 member statewide Health Care Professional Volunteer Corps comprised of nurses, physicians, pharmacists, dentists, veterinarians, and behavioral health professionals. These volunteers were deployed to Jefferson Parish, Louisiana. Preparations for deployment required the collaboration of CHA, the local health departments, Office of the Attorney General, immunizations and finance, as well as external partners such as local hospitals, American Red Cross, Maryland Defense

Force and Maryland National Guard.

The respective licensing boards for each health care profession play a vital



S. Anthony McCann Secretary

role in recruitment, training, and retention of volunteers. In the event of a disaster, the boards also activate the volunteers for deployment. Prior to the official receipt of EMAC, the Boards placed volunteers willing to assist with the relief efforts on standby status.

Once the official EMAC request was received and approved by Maryland Governor Robert L. Ehrlich, the volunteers were deployed on September 5<sup>th</sup>, 11<sup>th</sup>, and 17<sup>th</sup> with a total of 165 volunteers responding to the scene.

The deployment process began before the plane left the hangar. Baltimore County Health Department representatives arrived at Martin State Airport at 5:00 am to vaccinate the volunteers. DHMH partnered with the Maryland Defense Force to provide workers compensation, liability protection, safety and security while operating in Jefferson Parish. Additional behavioral health volunteers were also deployed to provide assistance to several Gulf Coast shelters at the request of the American Red Cross.

In addition, several local hospitals expressed an interest in preparing teams to provide medical services in Louisiana. Johns Hopkins Hospital System, University of Maryland Medical System, Mercy Medical Center and Franklin Square Hospital created response teams and joined the Maryland Health Care Professional Volunteer Corps. Under the coordination of Mental Hygiene Adminstration, behavioral health volunteers provided follow-up care to all returning Maryland Volunteers. While working in Louisiana, volunteers treated over 6,200 patients at six treatment centers in Jefferson Parish between September 5, 2005 and September 21, 2005.

More than 4,000 evacuees arrived in Maryland, some temporarily and some for a longer stay. Several local jurisdictions established disaster recovery centers to provide essential services

## **BOARD OF PHYSICIANS VOLUNTEER CORPS...**

Provide Aid to Hurricane Victims

# Thank You For Volunteering Your Time and Services in New Orleans:

Albert Aboulafia, M.D. Donald Alves, M.D. Nicholas Azinge, M.D. Anne Barone, M.D. Robert Blake, M.D. Martin Brandes, M.D. Christine Braud, M.D. Francis Bruno, M.D. Susan Burgert, M.D. Elmer T. Carreno, M.D. Robert Chapolini, M.D. Richard Colgan, M.D. Gwen Dubois, M.D. Alistair Esege, M.D. Henry Farkas, M.D. Terrence Fitzgerald, M.D. James Flynn, M.D. Amy Fogelstrom-Chai, M.D. Dwight Fortier, M.D. Elizabeth Fronc, M.D. N. Joseph Gagliardi, M.D. Glenn Geelhoed, M.D. Howard Haft, M.D. Carol G. Hooper, M.D. Guy D. Jackson, M.D. Casey John Jason, M.D. John Jessup, M.D. Michael Kaminsky, M.D. Mark King, M.D. Richard Lavy, M.D. Lenaye Lawyer, M.D. Jay Lippman, M.D. David B. Magliaro, M.D. Geoffrey Mount-Varner, M.D. Kiran Parikh, M.D. Leo Rozmaryn, M.D. Michael Sauri, M.D. Nancy Sidorowicz, PA-C Jakub Simon, M.D. Stephen Sisson, M.D. Roy T. Smoot, Jr., M.D. Suzanne Sysko, M.D.

ne day after Hurricane Katrina ravaged the Gulf Coast, DHMH instructed the Board of Physicians to notify its Emergency Preparedness Volunteers to be on alert for impending deployment to the Gulf. By the end of the week, more than 180 concerned Board licensees, and even medical school residents, called or e-mailed the Board to volunteer their services.

On Labor Day weekend "Operation Lifeline" was born. The first deployment of volunteers was on Monday, September 5. Sixty-seven volunteers from the Maryland Professional Volunteer Corps, including 24 physicians and a physician assistant were deployed. This group consisted of surgeons, pediatricians, and emergency, internal, and family medicine specialists.

On September 11, a second contingent that included physician volunteers was dispatched. The 19-member team of physicians, pharmacists, behaviorial health professionals and nurses were flown to New Orleans. The six physicians on this team specialized in psychiatry, critical care, and emergency medicine.

A third group, a 64-member team consisting of 16 physicians, six pharmacists, six behavioral health professionals and 36 nurses, departed from Baltimore on September 17.

In total, approximately 45 physicians and one physician assistant were deployed by the Board of Physicians Volunteer Corps.

In thanking Maryland volunteers for their assistance, Jefferson Parish President Broussard estimated that Maryland's 165 volunteers assessed and treated approximately 6,200 patients in the teams' 18-day stay. Amazingly, 659 patients were seen on September 18th alone!

The Board of Physicians would like to join the Governor and the Secretary of the Department of Health and Mental Hygiene in thanking all of those who took part in this effort.

While the recruitment and training of a volunteer corps was prompted by the events of September 11, 2001, Hurricane Katrina has demonstrated the value of this effort in responding to a public health emergency.

Recruitment of volunteers is an ongoing process; if you are interested in becoming a volunteer or receiving training in this area, please look at the Board's web site at www.mbp.state.md.us. Click on Volunteer Information for instructions. Additionally, MedChi, the Maryland State Medical Society, designates this activity for four Category I credits toward the AMA Physician's Recognition Award and has generously waived all associated fees.

This online program has been planned and implemented in accordance with the Essential Areas and Their Elements of the Accreditation Council for Continuing Medical Education through the Joint Sponsorship of MedChi, The Maryland State Medical Society and the Maryland Board of Physicians. MedChi is accredited by the ACCME to provide continuing medical education for physicians. Each physician should claim only those credits.

## **ARTICLES OF INTEREST**

Hurricane Katrina and Disaster Response Behavioral Health

- 1. Evacuee Mental Health and Care http://www.usuhs.mil/psy/CSTSEvacuees.pdf
- 2. Psychological First Aid http://www.usuhs.mil/psy/CSTSPsych1stAid.pdf
- 3. Providing Assistance in the Aftermath of the South Asian Tsunami  $\,$ 
  - http://www.icisf.org/articles/AsianTsunami/Tsunami\_Article\_Ottenstein.pdf

### **COMING SOON!**

Training sessions will soon be scheduled. Be sure to check the board's web site for dates and locations.

#### **BOARD OF PHARMACY VOLUNTEER CORPS...**

#### Respond to Hurricane Katrina....A Letter from LaVerne Naesea, Executive Director

The zeal of the volunteer pharmacists appointed to the Pharmacy Board continues to impress and amaze me. Thus, I was not as surprised as I was pleased with the response from Maryland pharmacists asked to be deployed to Jefferson Parish. Louisiana, to assist evacuees following Hurricane Katrina. With very short notice, the Board assigned the first group on the Sunday evening before Labor Day, for actual deployment on Labor Day! A total of 14 Boarddeployed volunteers were the only pharmacists assigned to work in a deserted private hospital in Jefferson Parish along side more than 600 medical professionals from Maryland.

The Board sincerely thanks the following Pharmacists who were deployed to the Jefferson Parish, relief effort: Matt Durkin, Nneka Ezekwueche, Christopher Falato, Crystal Henderson, Steve Lauer, Joseph Loetell, Pat Louthan, Timothy Lubin, Debra Mcnutt, Kassa Mesfin, Christine Musser, Melvin Rubin, Rachel Strand, and Pei-sah Upshaw.

A group of volunteers was lined up on Labor Day to be deployed on September 7, 2005. For reasons beyond the Board's control, that group was not deployed. Included in this group were, Kristina Gaskins, Timothy Lubin, John. R. Hohman, Rachel Strand. Christine Musser and Patel Hitesh. The Board recognizes the investment of time and effort that these pharmacists, their families and employers put forth to prepare for deployment. The Board extends its apologies for any disruption to their lives, and appreciates their willingness to give their time and talents.

Not to be forgotten are the present and past Board members and terrific staff members whose planning and mock drills over the past three years paid off. Once the first request from the Governor (via the Department of Health and Mental Hygiene) was received, Summar Goodman, Public Information and Education Specialist; worked with Patricia Gaither, Administration and Public Support Manager; Tamarra Banks, MIS Manager; Vlad Konstantinov, Database Specialist; Donald Taylor, **Emergency Preparedness** Committee Chair; and myself to create a list of volunteer pharmacists, developed a script for all staff to make telephone calls, and a log sheet for recording responses and carrying out related activities.

Throughout Labor Day weekend, former Board member, Ray Love, worked with those mentioned above to acquire the names and contact information of additional pharmacist support. Kudos to the other staff members including: Jessica Acevedo, Stacy Webster-Wallace, Keisha Wise and the Board's pharmacy student, Bryan Prazac who also took immediate action as required. Thanks, also, to the Board Legislative/ Regulations Officer, Anna Jeffers, who was instrumental in working with Board Attorney, Linda Bethman, in developing the response to inquiries from pharmacists' who were dealing with patients relocated to Maryland from the Gulf Coast.

# DHMH RALLIES TO PROVIDE HURRICANE KATRINA ASSISTANCE. . . Continued from page 1



such as housing, clothing, Red Cross and FEMA connections and health care needs assessments. Children were registered in schools and immunizations records were verified through DHMH Immunizations Programs so that life could return as quickly as possible to "normal" while keeping everyone safe.

The Katrina response required a significant number of volunteer employees and the expectation was that, upon re-opening of evacuated areas, public health workers would be in demand. To assist in such an event, a volunteer program was established to help with the various duties that accompany such a response. To date, 131 employees throughout DHMH have participated in the effort. This is a true reflection of everyone's generosity and humanity. DHMH was never requested to send individuals to help but we were prepared to do so. Employees are encouraged to continue registering for the DHMH participant program at MPVC@dhmh.state.md.us. The Katrina response illustrated that emergency management comes just short

of predicting the unpredictable.

Preparedness is an ongoing-task. It demands constant attention and requires continual effort. Katrina showed that we are all affected when a disaster strikes. Individuals helped in many ways including: answering phone calls, participating in DHMH IMS operations, offering financial contributions and simply doing whatever they could to assist.

Katrina will not remain a mere after-thought. Emergency management is an evolving effort. We must therefore remember our accomplishments and learn from our experiences –what is good enough for the past may not be good enough for the future. We must also remember that emergency management policy alone does not respond to disasters, it is the people behind the policy.

# **September 26, 2005**

#### REFLECTION ON DEPLOYMENT BY NURSING VOLUNTEER CORPS MEMBER

Joyce Anderson

The believe that the Board of Nursing and the State of Maryland can indeed be proud of the job that we accomplished for the people of Jefferson Parish, Louisiana.

We came together in four teams to set up medical clinics within the parish and deliver medical care. We were able to service more than 6,000 people and inoculate those needing Tetanus, Hepatitis A and Hepatitis B shots. We had a wonderful triage team in the form of emergency medical technicians and nurses.

The people were pleased that so many would take time out of their own lives to come down to Louisiana to help. Many signs were made to thank the National Guard, the emergency medical technicians, nurses and doctors that responded to the call for help!

There are so many wonderful stories of help and lives saved during the storm. Tremendous outpouring of caring and love shown to those in need of a smile, hug and the reassuring them that it would be alright. We were there in support of each other and helping our teammates get through the pain of seeing things they could not fix.

This experience has changed my life forever and I am wondering what my next step in caring should be. There are those that will never be the same. It has truly enhanced our care and concern for others and heightened our skills.

While speaking with one of the National Guardsman, he said the best part of their job was protecting us. Another spoke of being in Iraq and coming to help out at the Dome. Some of the things he saw immediately took him back to Iraq. He said the Louisiana police were glad to see them and appreciated their ability to restore order and get the people out. These men and women with rifles were compassionate and disciplined. They were warm and loving. We could not relate to the danger around us, but they gave us reminders and protected us well.

The people were receptive to our care, warm hearts and extended a "welcome back" Louisiana style when they are back on their feet again. These people are proud, strong and faith filled people. I am sure that their lands will be healed, they will rebuild and they will return to live and love the land this is truly home to them.

Thank you for such a rewarding and life changing experience. It was a joy to work with such wonderful professionals who were full of heart Leona "Joyce" Anderson, LPN, Jeaneatte Armor, RN, Lauren Baker, RN, Karen Ball, RN, Elizabeth Baron, RN, Georgene V. Batz, RN, Denise Bauer, LPN, Lynda Bayliss, RN, William H. Bean II, RN, Amalia Bolus, RN, Carrie M. Bowman, RN, Shawn Brast, RN, Mitchell Brittain, RN, Curtis Brown, RN, Daniel Buffington, RN, Sharon Carletti, RN, Glen Carman, RN, Barbara Church, RN, Kathleen Colleran-Hannon, RN, Kathleen Cooney, RN, Mary Cox, RN, Barbara Crosby, RN, Cynthia Dawson, RN, Mary Deal, RN, Sharon De Guzman, RN, Shirley Devaris, RN, Pam DeVore, RN, Kathleen Eisenhart, RN, Janet Ellis, RN, Natalie Pierce Freddu, RN, Margaret Gillman, RN, Lenora Hall, RN, Amy Herbert, RN, Irena Hull, RN, Cherry Karl, RN, Robin Kaufman, RN, Mary Ellen Koontz, RN, Rita Kornmayer, RN, Debbie Kramer, RN, Ann Marie Labin, RN, Beverly Lang, RN, Estelle "Becky" Leach, LPN, Bonnie Marchetti, RN, Liese Marshall, RN, Sharon McNamee, LPN, Brenda Monk, RN, Paula Murphy, RN, Deborah Nugent, RN, Donna Okninski, RN, Barbara Paige, RN, Barbara Perry, RN, Lisa Prisco, RN, Daphne Profili, RN, Marybeth Pule, RN, Susan Rabuck, RN, Joseph Reeves, RN, Jennifer Roos, RN, Beth Rushworth, RN, Ann Sattolo-Gano, RN, Jill Sostrin, RN, Sarah Jane Stosick, RN, Jennifer Thomas, RN, Patricia Trionfo, RN, Tasha Trusty, RN, Cherl Walk, RN, Felicia Waterhouse, RN, Michele Whitfield, RN, Joan Whiting, RN, Paulette Williams, RN, Anne Witter, RN, Valentina Zillmer. LPN.

#### BEHAVIORAL HEALTH VOLUNTEER CORPS

he Maryland Behavioral Health Volunteer Corps (BHVC) was very active in response to Katrina. A Standby-Alert was issued on Aug. 31, 2005 to all Corps members. An alert occurs when there is a high likelihood that volunteers will be needed. A total of 102 volunteers responded.

On Sept. 3, 2005, Behavioral Health Volunteer Corps members were activated in a partnership with the American Red Cross. Seventeen members of the Corps were deployed for two-week intervals throughout the Gulf Coast.

On Sept. 11, 2005, two volunteers were deployed to Jefferson Parish, Louisiana, joining members of the Maryland Professional Volunteer Corps (MPVC) team already there. They were tasked with providing psychological first aid to the Maryland Professional Volunteer Corps members. Upon arrival, the assignment was adjusted, since there was a greater need for services to the residents of Jefferson Parish.

On Sept. 17, 2005, six volunteers were deployed to provide Behavioral Health services at MPVC clinics throughout Jefferson Parish.

Here in Maryland, volunteers provided follow-up contact to all returning MPVC volunteers. This effort was coordinated by Laura Copland, Coordinator for Behavioral Health Disaster Response.

Sixteen volunteers invested their time and energy in making these crucial phone calls and connecting returned volunteers with services as needed.

The Maryland Behavioral Mental Health Volunteer Corps wishes to publicly offer a big "Thank you very much" to: Albertine Atkins-Childress, Nancy Aiken, Joseph Anastasio, Joanna Baranauskas, Beverly Betz, Kristy Blalock, Ada Bloom, Eric Bowman, Carol Brothers, Brian Childs, Terry Dalsemer, Laurence Fabre-Welmond, Richard Feldman, Kate Frawley, Sue Futeral, Marguerite Patricia Gilner, Karen Gordon, Rebecca Hogamier, Karen Horton, Jason Hyde, Annette Jeffers, Doris Johnson, Paige Johnson, Joyce Johnson, Carol Johnston, Becky Kregel, Suanne Lewis, Yasmin Lluveras, Alissa Putman, Scott Spier, Towanda Stallings, Judy Upshaw, Michelle Walker, Cheryl Washburn, Gina Weaver, Catherine Weaver, Donna Wells and Heidi Willems and all of the volunteers who donated their time and energy making Maryland's first response to another state successful.

For information on recruitment, training, updating your contact information or to suggest an article of interest please, contact Katie Annelli, Coordinator Behavioral Health Volunteer Corps at (410) 767-0959 or mentalhealthvolunteer@dhmh.state.md.us

#### MARYLAND VOLUNTEER VETERINARY CORPS

Veterinary Medical Examiners and the Department of Health and Mental Hygiene, the Maryland Department of Agriculture (MDA) began procedures to organize the Animal Health Emergency Volunteer Veterinary Corps. The Veterinary Corps consists of licensed and registered Maryland veterinarians and registered animal technicians. This volunteer program may be called upon to augment state personnel during times of extraordinary need resulting from either a natural disaster or an animal disease emergency. Volunteers would assist with tasks such as treating sick and injured animals, euthanizing animals if necessary, performing necropsies, administering vaccines to animals, collecting lab specimens, and monitoring the health of susceptible animal populations.

In order to enlist volunteers, a letter signed by the President of the State Board and the Secretary of Agriculture and an application form was sent to all veterinarians and technicians with their annual license renewal form. MDA will periodically offer free disaster-related training courses or recommend Internet courses to train the members for their disaster-related duties. An orientation course for the volunteers was held Thursday November 3, 2005 from 1:00-5:15 p.m. at the Maryland Emergency Management Agency in Reisterstown, Maryland. Participants received two continuing education credit hours for attending.

Arrangements are being made with the State Board to grant CE credits required for licensure for the time spent in attending future

classroom courses or completing the on-line courses. Several courses with a number of CE credits have been identified. These initial courses are all offered by FEMA's Emergency Management Institute. To access the courses offered on line go to <a href="http://training.fema.gov/emiweb/is/">http://training.fema.gov/emiweb/is/</a> Click on "Our Courses." Then click on the course you wish to take and follow the instructions. The courses are:

IS 10- Animals in Disasters- Module A — Awareness and Preparedness - 1 CEU

IS 11- Animals in Disasters- Module B- Community Planning-1 CEU

IS 111- Livestock in Disasters- 1 CEU

IS 800- National Response Plan - An Introduction- 0.3 CEU IS 700- National Incident Management System- (NIMS) An Introduction- 0.3 CEU

IS 100- Introduction to Incident Command System- 0.3 CEU IS 200- Incident Command System- Basic- 0.3 CEU

Each course is worth a designated number of CEU credits. A 1 CEU credit course which takes 10 hours to complete would earn 10 CE credits. A 0.3 CEU credit course which takes three hours to complete would earn 3 CE credits. (A veterinarian must obtain 12 CE credits/year for licensure.)

For information on recruitment, training, updating your contact information or to suggest an article of interest, please contact: Jacob Casper DVM, MDA- Coordinator of Disaster Services. Phone/fax: 443-394-1449 or e-mail: <a href="mailto:jarucasper@comcast.net">jarucasper@comcast.net</a>

#### PANDEMIC FLU PLANNING CHECKLIST FOR INDIVIDUALS AND FAMILIES

#### Pandemic Flu Planning Checklist for Individuals and Families

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

#### To plan for a pandemic:

Store a supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.

- Ask your doctor and insurance company if you can get an extra supply of your regular prescription drugs. Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins. Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home. Volunteer with local groups to prepare and assist with emergency response.
- Get involved in your community as it works to prepare for an influenza pandemic.

#### To limit the spread of germs and prevent infection:

Teach your children to wash hands frequently with soap and water, and model the correct behavior. • Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior. • Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.

#### Items to have on hand for an extended stay at home:

Examples of food and non-perishables: Ready-to-eat canned meats, fruits, vegetables, and soups • Protein or fruit bars • Dry cereal or granola • Peanut butter or nuts • Dried fruit • Crackers • Canned juices • Bottled water • Canned or jarred baby food and formula • Pet food

Examples of medical, health, and emergency supplies: Prescribed medical supplies such as glucose and blood-pressure monitoring equipment • Soap and water, or alcohol-based hand wash

- Medicines for fever, such as acetaminophen or ibuprofen
- Thermometer Anti-diarrheal medication Vitamins Fluids with electrolytes Cleansing agent/soap Flashlight Batteries
- Portable radio Manual can opener Garbage bags
- Tissues, toilet paper, disposable diapers

#### **For More Information**

Family Emergency Health Information Sheet Emergency Contacts Form

Visit: www.pandemicflu.gov. • The Centers for Disease Control and Prevention (CDC) hotline, 1-800-CDC-INFO (1-800-232-4636), is available in English and Spanish, 24 hours a day, 7 days a week. TTY: 1-888-232-6348. Questions can be e-mailed to inquiry@cdc.govcdc.gov. • Links to state departments of public health can be found at www.pandemicflu.gov U.S. Department of Health and Human Services

# BEHAVIORAL HEALTH VOLUNTEER CORPS NAME CHANGE

The Maryland Mental Health Volunteer Corps is now the Behavioral Health Volunteer Corps. This name describes the vital role of mental health professionals in disaster response operations. The Corps includes health professionals working in the following areas: Social Work, Professional Counselors, Psychology, Psychiatry and Psychiatric Nursing.

Disaster behavioral health includes the observation of responders, volunteers, staff, victims and their families as well as providing psychological first aid.

## Maryland Governor's Office of Homeland Security

The Governor's Office of Homeland Security was established on June 23, 2003, when Governor Robert L. Ehrlich, Jr. signed Executive Order 01.01.2003.18. The Office serves as the direct liaison to the U.S. Department of Homeland Security, as well as coordinating State departments, agencies, counties, and municipalities in matters of homeland security and emergency preparedness.

Visit the web site: www.governor.maryland.gov/homelandsecurity.html, to learn more about its vision, mission, key initiatives, strategic priorities, staff and more.

#### **Contribute Your Ideas**

This newsletter is created to keep you informed and to cover topics that are of interest to you. If there is a particular topic that would be helpful to you, please let us know. Send information to:

Joan Lawrence, DHMH, Office of Emergency Preparedness and Response, 201 W. Preston Street, Baltimore, MD 21201 or e-mail to: jlawrence@dhmh.state.md.us

#### **Editorial Committee**

Paul Ballard, Office of Attorney General Jenny Howes, Mental Health Administration John Healy, DHMH, Office of Public Relations Jennifer Zucco, Board of Physicians

The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex or national origin, and applies to the provisions of employment and granting of advantage, privileges, and accommodations.

The Department, in compliance with the Americans and Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

#### **Maryland State Alert System**

Maryland State Alert System is a fivetier system developed to alert local authorities and citizens of increases in the threat of terrorist attack. Paralleling the Homeland Security Advisory System, it complements the national alert level, and based on local assessments may be higher (but never lower) than the national level. During periods of heightened threat, citizens should be alert for further guidance on the nature of the threat and recommended individual protective measures.

#### **Threat Levels:**

**Low Condition (Green).** This condition is declared when there is a low risk of terrorist attacks.

**Guarded Condition (Blue).** This condition is declared when there is a general risk of terrorist attacks.

**Elevated Condition (Yellow).** An Elevated Condition is declared when there is a significant risk of terrorist attacks.

**High Condition (Orange).** A High Condition is declared when there is a high risk of terrorist attacks.

Severe Condition (Red). A Severe Condition reflects a severe risk of terrorist attacks. Under most circumstances, the protective measures for a Severe Condition are not intended to be sustained for substantial periods of time.

# PROFESSIONAL VOLUNTEER CORPS MARYLAND HEALTH CARE

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